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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL Friends of Glenn Thompson]	
ADDRESS (number and street) PO Box 1112			_	
CITY, STATE, and ZIP CODE	DA 40004			
State College 2. NAME OF CANDIDATE	PA 16804	and District)	4 FEO IDENTIFICATION	N NUMBER
Mr. Glenn Thompson	3. OFFICE SOUGHT (State and District) House PA 05		4. FEC IDENTIFICATION NUMBER C00444620	
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOT	ICE FILED ON	/	<i>'</i>
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
Mr. John Letizia	laurel medical co		day, year)	1000.00
140 Garnet Street			04/23/2012	1000.00
	Transaction ID : 0007188			
Johnstourn DA 15000	Occupation			
Johnstown PA 15909	Health Care Worker			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation	Occupation		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
			day, year)	
	Occupation	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
			day, year)	
	Occupation	Occupation		
	Occupation	Occupation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
	riamo or Employor	The state of English and English		
		Occurred to a		
	Occupation			
SIGNATURE (optional)		ATE	For further i	nformation contact:
Katherine A Bobeck		1/23/2012	Federal El	ection Commission
	[Electronically Filed]			V, Washington, DC 20463 -9530, Local 202-694-1100
			*	

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